

PTO/SB/22 (08-03)

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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		<b>Docket Number (Optional)</b> 763-29	
In re Application of <b>Jo et al.</b>			
Application Number <b>10/069,561</b>		Filed <b>10/22/01</b>	
For Hemostatic Soluble Cellulose...			
Group Art Unit <b>1615</b>		Examiner <b>Simon Oh</b>	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ 110.00
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ 420.00
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ 950.00
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ 1,480.00
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ 2,010.00

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ \_\_\_\_\_.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 04-1121.

I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor

☐ assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record.

☐ attorney or agent under 37 CFR 1.34(a).  
Registration number if acting under 37 CFR 1.34(e) \_\_\_\_\_.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

May 27, 2004  
Date

*George M. Kaplan*  
Signature

George M. Kaplan (28,375)  
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of \_\_\_\_\_ forms are submitted.

## CERTIFICATE OF FACSIMILE

I hereby certify that this paper is being facsimile transmitted to the Patent and Trademark Office (1-703-872-8306) on the date shown below.

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PAGE 10/15 \* RCVD AT 5/27/2004 4:17:44 PM [Eastern Daylight Time] \* SVR:USPTO-EFXRF-1/9 \* DNIS:8729306 \* CSID:1 516 228 4975 \* DURATION (mm:ss):04:24

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